Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10720172

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			((-	RATE	FEE	1	RATE	FEE
FC	DR .		NUMBER FILED .		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	(6 minus 20=		* O			X\$ 9=		OR	X\$18=	
INC	DEPENDENT C	LAIMS	minus 3 =		*	0		X43=		OR	X86=	
ΜL	JLTIPLE DEPEN	NDENT CLAIM P	RESENT	SENT				+145=		OR	+290=	
* If	the difference	less than ze	ss than zero, enter '		olumn 2		TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II										10	OTHER	
		(Column 1)		(Colun		(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CI			CLAIM]	+145=		OR	+290=		
								TOTAL		ļ. 1	TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	
_	,	(Column 1)	1	(Colum		(Column 3)					•	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=] [X43=		OR	X86=	
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		」	+145=	-	OR	+290=	
							L	TOTAL		. L	TOTAL	
					ADDIT. FEE			ADDIT. FEE				
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Column 1) CLAIMS		(Colum		(Column 3)	1 -					
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	-	= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X43=		. 1	X86=	
	FIRST PRESE	JLTIPLE DEF	TIPLE DEPENDENT			J ⊦	7.13-		OR		-	
t. If the entry in column 1 is less than the entry is entry a 0 write "O" is entry a 2										OR	+290=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
'	i ne "Highest Num	ber Previously Paid	For (Total or	Independe	nt) is the	highest number	er four	nd in the app	ropriate box	in coli	umn 1.	